BEST AVAILABLE

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001												
		CLAIMS AS	S FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			18				F	ATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			/ minus 20=		* Z		>	(\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			<u> </u>	nus 3 =	* 9	,	(42=		OR	X84=		
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT	SENT /			+	140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						· T	OTAL		OR	TOTAL	740	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						S	MALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 19	Minus	*2	<u>ට</u>	= /	×	\$ 9=		OŖ	X\$18=	
	Independent	* 3	Minus	*** 3	F.C.LAIM	= 0	>	(42=	- 1- 	OR	X84=	
_	FINOT PRESE	INTATION OF WI	JLIIPLE DEI	PENDEN	CLAIM		+	140=.		OR	+280=	
								TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=] ×	\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CL AINA	=	X	42=		OR	X84=	
_	I INOT FRESE	INTATION OF INI	JETIPLE DEF	ENDEN	CDAIN		,	40=		OR	+280=	
								TOTAL IT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		-	×	42=		OR	X84=	·
Ľ	HIRST PRESE	NTATION OF M	ULTIPLE DEI	-ENDEN	I CLAIM		!	40=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										ΩR	TOTAL	
***	If the "Highest Nu	mber Previously Pa nber Previously Pa	aid For" IN TH	IS SPACE	is less tha	an 3, enter "3."	مام	T. FEE n the ap	propriate box		ADDIT. FEE lumn 1.	

FORM PTO-875 (Rev. 8/01)